MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

10309

Reg. Dist. No. 195

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel-Rural
LENGTH OF STAY (in this place) 14 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Laurel-Rural
STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) (First) Frank (Middle) M. (Last) Babbitt

4. DATE OF DEATH (Month) October (Day) 29 (Year) 1950

5. SEX M

6. COLOR OR RACE W

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) widowed

8. DATE OF BIRTH March 1, 1884

9. AGE last birthday 66 yrs. If under 1 year: Months. Days. If under 24 hrs.: Hours. Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter-retired

10b. KIND OF BUSINESS OR INDUSTRY house building

11. BIRTHPLACE (State or foreign country) Alleghany Co North Carolina

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME George Babbitt

14. MOTHER'S MAIDEN NAME Betty BOBBITT

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If year, give war or dates of service)

16. SOCIAL SECURITY No.

17. INFORMANT AND ADDRESS Mrs J. G. Hawkins Laurel Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Acute Cardiac Dilitation	1 hr.
443X Antecedent cause(s)	(b) Sec - Myocarditis	20 yr
93d Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(c) Arteriosclerosis - Hypertension	10 yr

11. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9/10, 1935, to 10 28, 1950, that I last saw the deceased alive on 10 27, 1950, and that death occurred at ..... m., from the causes and on the date stated above.

SIGNATURE B. P. Warren (Degree or title) MD ADDRESS Laurel DATE SIGNED 10/31/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE Nov. 1, 1950

NAME OF CEMETERY OR CREMATORY Mt Zion Cemetery

LOCATION (City, town, or county) (State) Highland, Maryland

DATE REC'D BY LOCAL REG. 11/1/50

REGISTRAR'S SIGNATURE Frank Shipley

24. FUNERAL DIRECTOR DeWitt Donaldson Laurel ADDRESS Maryland

30849

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
NOV 7 1950
BUREAU T. S

MARYLAND STATE DEPARTMENT OF HEALTH

10310

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

Reg. Dist. No. 195

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

1. PLACE OF DEATH: COUNTY Howard; STATE MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Laurel; LENGTH OF STAY (in this place) 2 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Gorman Ave. North Laural

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN North Laurel
STREET ADDRESS (If rural give location) Gorman Ave.

3. NAME OF DECEASED (Type or Print): (First) Pattie (Middle) Burell (Last) Carter
4. DATE OF DEATH: (Month) 10 (Day) 20 (Year) 1950
5. SEX: f.
6. COLOR OR RACE: B.
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify): Widow
8. DATE OF BIRTH: 1885
9. AGE last birthday: 64 yrs. If under 1 year: Months / Days; If under 24 hrs.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housework
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (State or foreign country): Essex Co. Va.
12. CITIZEN OF WHAT COUNTRY? U.S.
13. FATHER'S NAME: Unknown
14. MOTHER'S MAIDEN NAME: Unknown
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Louise Carter - son

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		Interval Between Onset and Death
Immediate cause	(a) Cerebral Hemorrhage	instant
331X 83a Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) Hypertension	2 years
	(c)	

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.
PLACE (Home, farm, factory, street, office bldg., etc.) OF INJURY
(CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at work ☐ Not while at work ☐
HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) George E. Bengtzen M.D. ADDRESS Elliott City, Md. DATE SIGNED 10-20-50
DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION, REMOVAL (Specify) Burial; DATE THEREOF Oct. 24 1950; NAME OF CEMETERY OR CREMATORY Annes; LOCATION (City, town, or county) Essex Co. (State) Va.
DATE REC'D BY LOCAL REG. 10/23/50; REGISTRAR'S SIGNATURE Thanks Shipley.
24. FUNERAL DIRECTOR Ridgely Selby, ADDRESS Laurel, Md.

VS. A15A

RECEIVED
OCT 26 1950
BUREAU V.

10311

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND	2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge — LENGTH OF STAY (in this place)	CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
HOSPITAL OR INSTITUTION OR STREET ADDRESS	STREET ADDRESS (If rural, give location) Meadowridge Ave.

3. NAME OF DECEASED (Type or Print) (First) William (Middle) Chambers (Last)

4. DATE OF DEATH (Month) (Day) (Year) 10-12-50 19

5. SEX	6. COLOR OR RACE	7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH	9. AGE last birthday	If under 1 year Months	Days	If under 24 hrs. Hours	Min.
Male	Colored	Married	1881	69 yrs.				

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country)	12. CITIZEN OF WHAT COUNTRY?
Laborer	Day work	Maryland	

13. FATHER'S NAME	14. MOTHER'S MAIDEN NAME
William Chambers	Henrietta Turner

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	(If yes, give war or dates of service)	16. SOCIAL SECURITY No.	17. INFORMANT AND ADDRESS
No		215-24-9260 A	John Chambers, Elkridge, Md

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) acute coronary occlusion — 1 day

420.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Chr Myocarditis — 2 yrs

93d (c) General arteriosclerosis — 10 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility — 5 yrs

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY?
none	—	Yes ☐ No ☑

21. ACCIDENT SUICIDE HOMICIDE (Specify)	PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.)	(CITY OR TOWN)	(COUNTY)	(STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.	INJURY OCCURRED While at Work ☐ Not While At work ☐	HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan, 1949, to Oct 12 1950, that I last saw the deceased alive on Oct 12 1950, and that death occurred at 7 P.M. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) Dr B B Brumbaugh — ADDRESS 1609 Main St Elkridge — DATE SIGNED 27 Md 10/14/50

23. BURIAL, CREMATION REMOVAL (Specify)	DATE THEREOF	NAME OF CEMETERY OR CREMATORY	LOCATION (City, town, or county) (State)
Burial	10-15-50	St. Stephens	Elkridge, Md.

DATE REC'D BY LOCAL REG.	REGISTRAR'S SIGNATURE	24. FUNERAL DIRECTOR ADDRESS
Oct. 14, 1950	Miss E. Reid Williams	F.C. Higinbothom, Ellicott City, Md.

98899

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
OCT 16 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

CERTIFICATE OF DEATH
FOR MEDICAL EXAMINERS

10312

Reg. Dist. No. 192

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN West Friendship Rural
LENGTH OF STAY (in this place)
HOSPITAL OR INSTITUTION OR STREET ADDRESS Ivy Road

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural West Friendship
STREET ADDRESS (If rural, give location) Ivy Road

3. NAME OF DECEASED (Type or Print) (First) IRENE (Middle) (Last) CLEAMONS

4. DATE OF DEATH (Month) October (Day) 8 (Year) 1950

5. SEX Female

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Single

8. DATE OF BIRTH June 17 1941

9. AGE last birthday 10 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) School Girl

10b. KIND OF BUSINESS OR INDUSTRY Grammar School

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME James Cleamons

14. MOTHER'S MAIDEN NAME Annie M. Rogers

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Ralph James

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Gunshot wound in head	instant
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c)	

919.0
184

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes [X] No [ ]

21. EXTERNAL CAUSE WAS PRIMARY [X] OR CONTRIBUTING [ ] CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) home

(CITY OR TOWN) (COUNTY) (STATE) Ivy Road, nr. West Friendship, Howard Co. Md

TIME OF INJURY (Month) (Day) (Year) (Hour) October 8, 1950 m. 5:30 P

INJURY OCCURRED While at work [ ] Not while at work [X]

HOW DID INJURY OCCUR? .22 Cal. gunshot wound in face (firearms

22. *I certify that I took charge of the remains described above, held an Autopsy [X], Inspection [ ], Inquiry [ ] thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes [ ], accident [X], suicide [ ], homicide [ ], undetermined [ ].*

SIGNATURE Stanley H. Dunlacher (Degree or title) M.D. ADDRESS 700 Fleet Street DATE SIGNED October 9, 1950

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF 10-11-50

NAME OF CEMETERY OR ~~CREMATORY~~ Family Lot

LOCATION (City, town, or county) (State) West Friendship, Md.

DATE REC'D BY LOCAL REG. Oct. 10, 1950.

REGISTRAR'S SIGNATURE Alice H. Hebb.

24. FUNERAL DIRECTOR C. H. Weer - Lykesville, Md. ADDRESS

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

RECEIVED
OCT 13 1950
BUREAU V. M

M

10313

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
LENGTH OF STAY (in this place) 46 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS St. Paul Street

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Ellicott City
STREET ADDRESS (If rural, give location) St. Paul Street

3. NAME OF DECEASED (Type or Print) (First) HOWARD (Middle) ROBERT (Last) CROSS

4. DATE OF DEATH (Month) October (Day) 29, (Year) 1950.

5. SEX Male
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH March 25, 1904
9. AGE last birthday 46 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Retail Lumber
11. BIRTHPLACE (State or foreign country) Maryland
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Howard M. Cross
14. MOTHER'S MAIDEN NAME Isabell Sullivan

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 217-09-5826
17. INFORMANT AND ADDRESS Mrs. Esther Mae Cross, Ellicott City, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
415x Immediate cause	(a) Cardiac Failure	Immediate
93c Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b)	
	(c) Rheumatic Cardio-Vascular Disease	10 years

11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 5/23, 1950, to 10/29, 1950, that I last saw the deceased alive on 10/28, 1950, and that death occurred at 11.15 P m., from the causes and on the date stated above.

SIGNATURE William F. Tarsaway (Degree or title) M.D. ADDRESS Ellicott City DATE SIGNED 10/29/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Nov. 1, 1950.
NAME OF CEMETERY OR CREMATORY St. John's Cemetery
LOCATION (City, town, or county) (State) Ellicott City, Maryland.

DATE REC'D BY LOCAL REG. Oct. 31, 1950
REGISTRAR'S SIGNATURE John B. Loughran Pu. B.E.L.
24. FUNERAL DIRECTOR Easton Sons, Ellicott City, Maryland. ADDRESS

988 69

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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VS. A15

RECEIVED
NOV 6 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10314

CERTIFICATE OF DEATH

Reg. Dist. No. 191

1. PLACE OF DEATH:

County Howard

City or town Elkridge

(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death? 12 yrs

Hospital, institution, or street address where death occurred: 1709 Levering Ave.

How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md County Howard

City or town Elkridge

(If outside city or town limits, write RURAL and give nearest town)

Street No. 1709 Levering Ave

(If rural, give LOCATION)

2.(a) If veteran, name war —

3. (a) FULL NAME Rose A. Hossefross

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6.(a) Single, married, widowed, or divorced: widowed

6.(b) Name of husband or wife: late Frank V.

6.(c) If alive, give age ..... years

7. Birth date of deceased (mo., day, yr.) Jan 2, 1868.

8. AGE: Years 82 Months 9 Days 17 If less than one day ..... hrs. ..... min.

9. Birthplace Delaware (Town, county, and state)

10. Usual occupation Packer

11. Industry or business C. M. Citt Co.

FATHER 12. Name William H. Hudson

13. Birthplace Delemore

MOTHER 14. Maiden name Mary E. Kane

15. Birthplace Elkridge

16. Informant Mr. Leo C. Hubbard

Address 1709 Levering Ave.

17. burial (Burial, cremation, or removal. Which?) Date thereof 10/23/50 (month) (day) (year)

Cemetery or crematory New Cathedral Cem.

Location 4700 Old Fred Road

18. Funeral director John J. Cowan & Son

Address 901 Hollins St.

19. 10 20 1950 (Filed by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH October 19th 1950 at 11 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan 3 1950 to Oct 19 1950

and that I last saw her alive on Oct 19 1950

Immediate cause of death: acute coronary occlusion — DURATION 1 day

Due to Chr myocarditis — 1 yr

Epilepsy — 3 yrs

Due to hypertension — 10 yrs

420.1 Senility — 10 yrs

Other conditions Fractured Femur Jan 3, 1950

(Include pregnancy within 3 months of death)

Major findings of operations —

Date of op. —

Autopsy results —

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ..... Date of .....

Where did injury occur? ..... (City or town) ..... (County) ..... (State)

Injured at home, farm, industry, public place (where?) .....

Means of injury ..... injured at work?

23. SIGNATURE D. B. Brumbaugh M. D. or other

Address 5609 Main St Elkridge 27 Md Date signed 10/20/50

49660

VS A15 9-45-15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15A

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MARYLAND STATE DEPARTMENT OF HEALTH 10315

CERTIFICATE OF DEATH

FOR MEDICAL EXAMINERS

Reg. Dist. No. 191

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Rural near Ellicott City
LENGTH OF STAY (in this place) Not Known
HOSPITAL OR INSTITUTION OR STREET ADDRESS Route #40 1 mile West of Ellicott City

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE COUNTY
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN
STREET ADDRESS (If rural give location)

3. NAME OF DECEASED (Type or Print) (First) GEORGE (Middle) (Last) MILLER

4. DATE OF DEATH (Month) (Day) (Year) October 13, 1950 19

5. SEX Male

6. COLOR OR RACE White

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) U

8. DATE OF BIRTH U 1885

9. AGE last birthday 65? yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY K N O W N

11. BIRTHPLACE (State or foreign country) K N O W N

12. CITIZEN OF WHAT COUNTRY?

13. FATHER'S NAME

14. MOTHER'S MAIDEN NAME

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

17. INFORMANT

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

		INTERVAL BETWEEN ONSET AND DEATH
Immediate cause	(a) Arteriosclerotic Cardio-Vascular Disease	5 year
Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last	(b) –	
	(c) –	

422.1

93d

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. –

19a. DATE OF OPERATION None

19b. MAJOR FINDINGS OF OPERATION None

20. AUTOPSY? Yes ☐ No ☒

21. EXTERNAL CAUSE WAS PRIMARY ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH.

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at work ☐ Not while at work ☐

HOW DID INJURY OCCUR?

22. *I certify that I took charge of the remains described above, held an Autopsy ☐, Inspection ☒, Inquiry ☒ thereon and from the evidence obtained by said Autopsy, Inspection or Inquiry, find that said deceased died on the day stated above, and death in my opinion resulted from: natural causes ☒, accident ☐, suicide ☐, homicide ☐, undetermined ☐.*

SIGNATURE (Degree or title) George E. Burgtorf M.D. ADDRESS Ellicott City, Md. DATE SIGNED 10-13-50

DEPUTY MEDICAL EXAMINER OF HOWARD COUNTY

23. BURIAL, CREMATION REMOVAL (Specify) Embalmed

DATE THEREOF 10/18/50

NAME OF CEMETERY OR CREMATORY Univ. of Md. Med. Sch

LOCATION (City, town, or county) (State) Baltimore 1, Md

DATE REC'D BY LOCAL REG. Oct 20, 1950

REGISTRAR'S SIGNATURE John B. Longhran R. F.

24. FUNERAL DIRECTOR Edward Wrenbert ADDRESS

XVX99

RECEIVED
OCT 20 1950
BUREAU V. S

M

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

I

VS. A15

MARYLAND STATE DEPARTMENT OF HEALTH

10316

2411 N. Charles Street, Baltimore

CERTIFICATE OF DEATH

Reg. Dist. No. 190

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN (Rural) Elkridge
LENGTH OF STAY (in this place) 46 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS Box 221, Route 4

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Elkridge
STREET ADDRESS (If rural, give location) Box 221, Route 4

3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) MARY NEUBAUER

4. DATE OF DEATH (Month) (Day) (Year) October 8, 1950.

5. SEX Female
6. COLOR OR RACE White
7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Widow
8. DATE OF BIRTH Oct. 8, 1871.
9. AGE last birthday 79 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Own Home
11. BIRTHPLACE (State or foreign country) Germany
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Unknown
14. MOTHER'S MAIDEN NAME Unknown

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT AND ADDRESS Alexander Neubauer, Elkridge, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH — INTERVAL BETWEEN ONSET AND DEATH

Immediate cause (a) Chr Myocarditis & Decompensation 1 mo — 3 yrs

422.1 Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) General arteriosclerosis — 5 yrs

93d (c) Chr Pulmonary Tuberculosis Clinical — 20 yrs

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Decubitus ulcer — 2 wks

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT SUICIDE HOMICIDE (Specify)
PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)
TIME OF INJURY (Month) (Day) (Year) (Hour) m.
INJURY OCCURRED While at Work ☐ Not While At work ☐
HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan, 1946 to Oct 9, 1950, that I last saw the deceased alive on Oct 8, 1950, and that death occurred at 12 30 m., from the causes and on the date stated above.

SIGNATURE (Degree or title) D. B. Baumbaugh
ADDRESS 5609 Main St Elkridge
DATE SIGNED 27 Mo Oct 10/50

23. BURIAL, CREMATION REMOVAL (Specify) Burial
DATE THEREOF Oct. 11, 1950.
NAME OF CEMETERY OR CREMATORY St. Augustine's Cemetery
LOCATION (City, town, or county) (State) Elkridge, Maryland.

DATE REC'D BY LOCAL REG. October 10, 1950
REGISTRAR'S SIGNATURE (Miss) E. Reed Williams
24. FUNERAL DIRECTOR Easton Sons, Ellicott City, Md.
ADDRESS

RECEIVED
OCT 11 1950
BUREAU V. S

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

10317

CERTIFICATE OF DEATH

Reg. Dist. No. 190

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Howard
City or town: Elkwood
(If outside city or town limits, write RURAL and give nearest town)
How long in above place of death? 11 yrs
Hospital, institution, or street address where death occurred: 2104 Beechfield Ave
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Md. County: Howard
City or town: Elkwood Md.
(If outside city or town limits, write RURAL and give nearest town)
Street No. 2104 Beechfield Ave
(If rural, give LOCATION)
2.(a) If veteran, name war

3.(a) FULL NAME: Theodore R. Payne Jr.

3.(b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Single

6.(b) Name of husband or wife

6.(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): Aug 7, 1930

8. AGE: Years: 20 yrs | Months: 1 | Days: 29 | If less than one day: hrs. ____ min.

9. Birthplace: Philadelphia Pa
(Town, county, and state)

10. Usual occupation: Trucker

11. Industry or business

FATHER
12. Name: Theodore R. Payne Sr.
13. Birthplace: Fredericksburg Va.

MOTHER
14. Maiden name: Edith M. Velka
15. Birthplace: Philadelphia, Pa.

16. Informant: Mr Theodore R. Payne
Address: 2104 Beechfield Ave

17. Burial
(Burial, cremation, or removal. Which?)
Date thereof 10/19/50 (month) (day) (year)
Cemetery or crematory: Meadowridge Mem
Location: Dorsey Md.
18. Funeral director: John A Cowan & Son
Address: 901 Hollins St.

19. Oct 17 1950 (Date received by registrar) Mrs. Ethel Velma Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: October 16th 1950, at 10:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 16 1930, to Oct 16 1930
and that I last saw h[illegible] alive on Oct 16 1930

Immediate cause of death	DURATION
Bronchopneumonia	7 days
Due to: Lymphosarcoma	10 yrs
Due to: Anemia	[illegible]
Other conditions: Acute Cerebral	

325.1
107
(Include pregnancy within 3 months of death)

Major findings of operations: —
Date of op.
Autopsy results: —
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide: Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury: Injured at work?

23. SIGNATURE: [illegible] M. D. or other
Address: [illegible] Date signed 10/19/50

RECEIVED
OCT 18 1950
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

10318

CERTIFICATE OF DEATH

Reg. Dist. No. 195

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

1. PLACE OF DEATH: COUNTY Howard MARYLAND; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup, Rural; LENGTH OF STAY (in this place) 4 yrs. 9 mos.; HOSPITAL OR INSTITUTION OR STREET ADDRESS Guilford - Mission Rd.

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Md. COUNTY Howard; CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Jessup, Rural; STREET ADDRESS (If rural, give location) Guilford - Mission Rd.

3. NAME OF DECEASED (Type or Print): (First) John (Middle) Thomas (Last) Seay

4. DATE OF DEATH: (Month) October (Day) 25 (Year) 1950

5. SEX Male

6. COLOR OR RACE Col.

7. SINGLE, MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH April 5, 1873

9. AGE last birthday 77 yrs. If under 1 year: Months; Days. If under 24 hrs.: Hours; Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer

10b. KIND OF BUSINESS OR INDUSTRY Farm

11. BIRTHPLACE (State or foreign country) Richmond, Va.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Wm Seay

14. MOTHER'S MAIDEN NAME Frances Unknown.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If year, give war or dates of service) No.

16. SOCIAL SECURITY NO. —

17. INFORMANT AND ADDRESS Wm. Seay, Jessup Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Coronary Thrombosis. — Interval Between Onset and Death: Instant.

Antecedent cause(s) 420.1

Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last 94a

(b) Arterio-sclerosis + Hypertension — 3 yrs.

(c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☒

21. ACCIDENT / SUICIDE / HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from June 1, 1950, to Oct 25th 1950, that I last saw the deceased alive on Oct. 20, 1950, and that death occurred at 7 a. m., from the causes and on the date stated above.

SIGNATURE (Degree or title) ADDRESS DATE SIGNED

Frank Shipley, M.D., Savage, Md. 10/27/50

23. BURIAL, CREMATION, REMOVAL (Specify) Burial

DATE 10/28/50

NAME OF CEMETERY OR CREMATORY Guilford Cem.

LOCATION (City, town, or county) (State) Guilford, Md.

DATE REC'D BY LOCAL REG. 10/27/50

REGISTRAR'S SIGNATURE Frank Shipley.

24. FUNERAL DIRECTOR Geo. Nelson. ADDRESS 1503 Eastman St. Balto.

566VV

RECEIVED
OCT 31 1950
BUREAU V. E

Evidence for addition in 18 shown on:

10319

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles Street, Baltimore

FILM No. G 129 NOV 8 1950

CERTIFICATE OF DEATH

Reg. Dist. No. 193

1. PLACE OF DEATH: COUNTY Howard MARYLAND
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cooksville
LENGTH OF STAY (in this place) 53 years
HOSPITAL OR INSTITUTION OR STREET ADDRESS

2. USUAL RESIDENCE (HOME) OF DECEASED: STATE Maryland COUNTY Howard
CITY (If outside corporate limits, write RURAL and give nearest town) OR TOWN Cooksville
STREET ADDRESS (If rural, give location) —

3. NAME OF DECEASED (Type or Print) (First) Norman (Middle) — (Last) Smith

4. DATE OF DEATH (Month) October (Day) 20 (Year) 1950

5. SEX M

6. COLOR OR RACE Colored

7. SINGLE, MARRIED, WIDOWED, DIVORCED, (Specify) Married

8. DATE OF BIRTH June 2, 1897

9. AGE last birthday 53 yrs. If under 1 year Months Days If under 24 hrs. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm Laborer

10b. KIND OF BUSINESS OR INDUSTRY Agriculture

11. BIRTHPLACE (State or foreign country) Md.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME Joseph Smith

14. MOTHER'S MAIDEN NAME Fannie Dixon

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. None

17. INFORMANT AND ADDRESS Minnie Smith - Cooksville, Md.

18. MEDICAL CERTIFICATION

I. DISEASES OR CONDITIONS DIRECTLY LEADING TO DEATH

Immediate cause (a) Paresis cordis — Interval Between Onset and Death: 4 days

151X Antecedent cause(s) Diseases or conditions, if any, giving rise to the above cause stating the underlying cause last (b) Cancer metastaticus ventriculi — 3 years

46b (c) Primary site - Stomach. (11-8-50 - ams)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? Yes ☐ No ☐

21. ACCIDENT SUICIDE HOMICIDE (Specify)

PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) (CITY OR TOWN) (COUNTY) (STATE)

TIME OF INJURY (Month) (Day) (Year) (Hour) m.

INJURY OCCURRED While at Work ☐ Not While At work ☐

HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased ~~from~~ on 10/14, 1950, to ——, 19——, that I last saw the deceased alive on 10/14, 1950, and that death occurred at 7 45 a.m., from the causes and on the date stated above.

SIGNATURE J. W. Hentzler (Degree or title), M.D. ADDRESS Sykesville DATE SIGNED 10-21-50.

23. BURIAL, CREMATION REMOVAL (Specify) Burial

DATE THEREOF Oct. 23, 1950

NAME OF CEMETERY OR CREMATORY Bushy Park

LOCATION (City, town, or county) (State) Cooksville, Md.

DATE REC'D BY LOCAL REG. Oct. 22, 1950

REGISTRAR'S SIGNATURE E. Pearl Mason

24. FUNERAL DIRECTOR C. Harry Wew - Sykesville, Md. ADDRESS

866VV

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

I

RECEIVED
NOV 12 1950
BUREAU V. S